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## OHI 2.0 Data Collection Instructions

Data is key to driving quality improvement and will act as a compass, guiding and informing the Obstetric Hemorrhage 2.0 Initiative. Review the data collection tools carefully and follow the submission guidelines outlined below to ensure accurate and consistent reporting.

**For the OHI 2.0 initiative, your hospital will report 3 data types to FPQC:**

1. Monthly abstracted patient-level data: up to 15 qualifying patients per month
2. Quarterly aggregated patient-level data: cumulative QBL documentation, OB hemorrhage risk assessment documentation, Severe Maternal Morbidity (required), and Obstetric Severe Complication cases (optional)
3. Quarterly hospital-level measures: status update on clinician training and policy, guideline, or procedure implementation to support OHI 2.0

## Getting Started

- Once your DUA is completed, FPQC will email your OHI 2.0 data and initiative leads with **two submission links**: one for **monthly patient-level data** and another for **quarterly hospital-level data**. Please **bookmark both links**, as you'll use them throughout the initiative.
  - You will also receive access to the OHI 2.0 data portal once your DUA is complete. Please begin submitting your baseline data at that time – you do *not* need to wait until the July due date.
- If you have any questions or face any challenges regarding your OHI 2.0 data, please contact the FPQC data team: [erubio1@usf.edu](mailto:erubio1@usf.edu); [davenport3@usf.edu](mailto:davenport3@usf.edu); [alexamutchler@usf.edu](mailto:alexamutchler@usf.edu)

## Monthly Abstracted Patient-Level Data

*Abstracted using the patient-level data form.*

### **Step 1: Identify cases of Obstetric Hemorrhage**

Patients must have **documented blood loss of 1,000 mL or more** (either EBL or QBL) and may also meet **one or more** of the criteria listed below. If your hospital is not consistently capturing cumulative QBL for all patients, please use the strategies outlined below to ensure accurate case identification.

- Hemorrhage staging:** Include patients documented with stage 2 ( $\geq 1,000$  mL of blood loss) or higher obstetric hemorrhage
- ICD-10 codes:** Use the following codes to identify additional patients with [obstetric hemorrhage](#):  
O4410, O4412, O4413, O4430, O4432, O4433, O4450, O4452, O4453, O45002, O45003, O45009, O45012, O45013, O45019, O45022, O45023, O45029, O45092, O45093, O45099, O458X2, O458X3, O458X9, O4590, O4592, O4593, O46002, O46003, O46009, O46012, O46013, O46019, O46022, O46023, O46029, O46092, O46093, O46099, O468X2, O468X3, O468X9, O4692, O4693, O4690, O723, O43212, O43213, O43219, O43222, O43223, O43229, O43232, O43233, O43239, O720, O721, O722
- Pharmacy records:** Identify patients who received Tranexamic acid (TXA)
- Device use documentation:** Identify patients who had an intrauterine vacuum-assist device (e.g., Jada) or intrauterine balloon tamponade system (e.g., Bakri) placed.

**Important Note:** ICD-10 codes alone should not be the sole source for identifying patients.

Identifying patients may require collaboration with IT/EHR staff, Pharmacy, and/or the Billing/Coding Department.

## **Step 2: Select cases for abstraction and submit data**

Each month, use the patient-level data collection form to abstract and submit to FPQC:

1. The **first 10 patients who deliver** at your hospital **with cumulative blood loss of  $\geq 1,000$  mL (stage 2+ obstetric hemorrhage)**

**AND**

2. The **first 5 patients who deliver** at your hospital **with stage 3 ( $\geq 1,500$  mL blood loss) or stage 4 (Cardiovascular Collapse) obstetric hemorrhage**

**Exclusion Criteria:** Pregnancies that end prior to 20 weeks, ectopic pregnancies, and those with gestational trophoblastic disease.

**Submit the number of cases specified above or as many as you have in the month.**

**Note:** aim to integrate the patient-level data collection form with the physician-RN debrief form. The information gathered in the data collection form will help inform the debriefing process.

**Baseline patient-level data will cover January 2025, February 2025, and March 2025. Please follow the guidelines above for patient identification and abstraction. Once your DUA is completed, you will receive a link to submit your baseline data. For due dates, please see the “Data Submission Schedule” below.**

## **Step 3: Maintain a record of your selected cases**

Please keep a [log](#) of the patients whose data you submit to FPQC. Include the patient’s medical record number, the assigned study ID, and the return code given to you on the submission screen when submitting the patient’s data to FPQC. This will allow for data confirmation and corrections. This [log](#) is intended for your hospital use only. Please never send it to FPQC.

## **Quarterly Aggregated Patient Data**

*Abstracted using the hospital-level data form.*

Submit **quarterly** data for **patients admitted for delivery** using the OHI 2.0 hospital-level data collection form and link.

Data Includes:

- Cumulative QBL documentation,
- OB hemorrhage risk assessment documentation, and
- Severe Maternal Morbidity (required) and/or Obstetric Severe Complication cases (optional)

Note:

- [Use ICD-10 code list for SMM](#), ensuring that **transfusion-only cases are excluded**.
- If you track Severe Obstetric Complications (ePC-07), you will have the option to report this data, though reporting is not mandatory.
- If your system doesn't capture the total number of patients that have a risk assessment completed, you will have the option to report "unable to calculate" the first six months of the initiative. Please work with your team to standardize documentation and request a report for the measure.

**Baseline hospital-level data will cover aggregate patient data from January – March 2025. Once your DUA is completed, you will receive a link to submit your baseline data. For due dates, please see the "Data Submission Schedule" below.**

## Quarterly Hospital-Level Measures

### ***Policies, procedures or guidelines to support OHI 2.0 and clinician training***

*Abstracted using the hospital-level data form.*

Data Includes:

- Your hospital's progress on policies, procedures, or guidelines implemented to support the OHI 2.0 initiative.
  - Status goes from "not started" to "fully implemented".
  - Definitions are listed on the hospital-level form.
- Your hospital's progress on percent of providers, midwives, and nurses who have received education and training on:
  1. Your unit's obstetric hemorrhage policies, guidelines, and procedures, and
  2. Respectful Care and their commitment to Respectful Care practices

Please ensure all submissions are timely to maintain accurate tracking of progress.

**For due dates, please see the "Data Submission Schedule" below.**

## Data Submission Schedule

### **Baseline data - Due July 15<sup>th</sup>, 2025**

- Abstracted Patient-Level: Data from January – March 2025
- Simplified Hospital-Level: Data from January – March 2025

*Submit baseline data as you complete your DUA and receive links for data submission. You do not need to wait until July.*

### **Ongoing Data Collection Schedule**

- **Starts July 1<sup>st</sup>, 2025 – Due August 15<sup>th</sup>, 2025**
- Abstracted Patient-Level Data: Collected **monthly**, due the 15th of the following month

- Hospital-Level Data: Collected **quarterly**, due the last day of the month following the quarter

**Hospital-Level Data Submission Schedule:**

<b>Data Period</b>	<b>Due Date</b>
Baseline (January – March 2025)	July 15 <sup>th</sup> , 2025
<b>No Data Submission April - June</b>	
July – September 2025	October 31 <sup>st</sup> , 2025
October – December 2025	January 31 <sup>st</sup> , 2026
January – March 2026	April 30 <sup>th</sup> , 2026
April – June 2026	July 31 <sup>st</sup> , 2026
July – September 2026	October 31 <sup>st</sup> , 2026
October – November 2026*	December 15 <sup>th</sup> , 2026*

*\*Shortened quarter and earlier due date*

**Patient-Level Data Submission Schedule:**

*\*Data period is based on patient discharge date*

<b>Data Period</b>	<b>Due Date</b>
Baseline (January 2025)	July 15 <sup>th</sup> , 2025
Baseline (February 2025)	July 15 <sup>th</sup> , 2025
Baseline (March 2025)	July 15 <sup>th</sup> , 2025
<b>No Data Submission April - June</b>	
July 2025	August 15 <sup>th</sup> , 2025
August 2025	September 15 <sup>th</sup> , 2025
September 2025	October 15 <sup>th</sup> , 2025
October 2025	November 15 <sup>th</sup> , 2025
November 2025	December 15 <sup>th</sup> , 2025
December 2025	January 15 <sup>th</sup> , 2026
January 2026	February 15 <sup>th</sup> , 2026
February 2026	March 15 <sup>th</sup> , 2026
March 2026	April 15 <sup>th</sup> , 2026
April 2026	May 15 <sup>th</sup> , 2026
May 2026	June 15 <sup>th</sup> , 2026
June 2026	July 15 <sup>th</sup> , 2026
July 2026	August 15 <sup>th</sup> , 2026
August 2026	September 15 <sup>th</sup> , 2026
September 2026	October 15 <sup>th</sup> , 2026
October 2026	November 15 <sup>th</sup> , 2026
November 2026	December 15 <sup>th</sup> , 2026



